

# Cochise County Jail Medical Clinical Opiate Withdrawal Scale

## Assessment Protocol

size with Drug/Alcohol  
intoxication withdrawal medical  
orders. Record results of UDS on  
comment section.

| Date   | 8/26/18 | 8/27   | 8/28   | 8/29   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------|---------|--------|--------|--------|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Time   | 1545    | 656    | AM     | AM     | PM     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pulse  | 111     | 106    | 92     | Am/120 | 81     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| RR     | 20      | 18     | 18     | 18     | 18     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O2 sat | 98%     | 99     | 98     | 98     | 98     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BP     | 124/79  | 109/75 | 116/83 | 107/55 | 113/80 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Assess and rate each of the following (COWS)

### Resting Pulse rate: beats/min

(Measured after patient is sitting for one minute)

- 0 pulse rate 80 or below
- 1 pulse rate 81-100
- 2 pulse rate 101-120
- 4 pulse rate > 120

2 2 1 4 1

### Sweating: (over past 1/2 hour not accounted for by room temp or patient activity)

- 0 No report of chills or flushing
- 1 subjective report of chills or flushing
- 2 flushed or observable moistness on face
- 3 beads of sweat on brow or face
- 4 sweat streaming off face

0 1 1 1 0

### Restlessness: (Observation during assessment)

- 0 able to sit still
- 1 reports difficulty sitting still, but is able to do so
- 3 frequent shifting or extraneous movements of legs/arms
- 5 Unable to still for > few seconds

1 0 0 1 0

### Pupil size:

- 0 pupils pinned or normal size for light room
- 1 pupils possible > than normal for room light
- 2 pupils moderately dilated
- 5 pupil so dilated only rim of iris is visible

0 0 0 0 0

### Bone or joint aches: (If pt was having pain previously, only the additional component attributed to opiate w/draw is scored)

- 0 not present
- 1 mild diffuse discomfort
- 2 patient reports severe diffuse aching of joints/muscles
- 4 patient is rubbing joints or muscles and is unable to sit still because of discomfort

2 2 1 0 1

### Runny nose or tearing: (Not accounted for by cold)

- 0 not present
- 1 nasal stuffiness or unusually moist eyes
- 2 nose running or tearing
- 4 nose constantly running or tears streaming

0 0 0 1 0

### GI upset: (over last 1/2 hr)

- 0 no GI symptoms
- 1 stomach cramps
- 2 N/or V
- 3 loose stool or diarrhea
- 5 multiple episodes diarrhea or vomiting

3 3 1 0 1

### Tremor: (Observation of outstretched hands)

- 0 No tremor
- 1 tremor can be felt, but not observed
- 2 Slight tremor observable
- 4 gross tremor or muscle twitching

0 0 1 0 0

### Yawning: (observation during assessment)

- 0 yawning
- 1 yawning once or twice during assessment
- 2 yawning three or more times during assessment
- 4 yawning several times/minute

1 0 0 0 0

Hills Kristina

CB

|  |    |   |   |   |   |  |  |  |  |  |  |  |
|--|----|---|---|---|---|--|--|--|--|--|--|--|
| <b>Anxiety or Irritability:</b><br>0 none<br>1 patient reports increasing irritability or anxiousness<br>2 patient obviously irritable/anxious<br>4 patient irritable or anxious that participation in the assessment is difficult | 1  | 1 | 0 | 1 | 1 |  |  |  |  |  |  |  |
| <b>Gooseflesh skin:</b><br>0 skin is smooth<br>3 piloerection of skin can be felt or hairs standing up on arms<br>5 prominent piloerection   | 3  | 0 | 0 | 0 | 0 |  |  |  |  |  |  |  |
| <b>Total Score</b><br>(total score is the sum of all 11 items)   | 13 | 9 | 5 | 8 | 4 |  |  |  |  |  |  |  |
| <b>Initials of person completing assessment</b>  | SE |   |   |   |   |  |  |  |  |  |  |  |

|  |   |
|--|---|
| <b>Scale for Scoring:</b><br><br>Total Score =<br>5-12: mild; 13-24: moderate; 25-36: moderately severe; > 36: Severe withdrawal | -Score of 5-12: Observe, re-evaluate BID x 3 days and D/C if score<br>-Score of 13-24: Continue assessment and encourage increased fluid intake; initiate admission orders<br>-Score of 25 or >: Initiate admission orders and notify provider for additional detox orders. |
|--|---|

**Additional Information or Comments:**

med, lye, Bismuth 1BU 400, Diarrhoe given A.M. 2/26/17  
 8/27/17 2nd given 150 8/28/17 1st given

Nurse Signature: S. Eder

Date/Time: 8/26/17 e 1550

Provider order: \_\_\_\_\_

Date/Time: \_\_\_\_\_